

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 11/1/04 |
| FORMALITY REVIEW | X | 110098 | 3/4/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|-------|
| 1 | ✓ | ✓ | 10/04 |
| 2 | 0 | 0 | |
| 3 | ✓ | ✓ | |
| 4 | 0 | 0 | |
| 5 | ✓ | ✓ | |
| 6 | ✓ | ✓ | |
| 7 | ✓ | ✓ | |
| 8 | 0 | 0 | |
| 9 | 0 | 0 | |
| 10 | ✓ | ✓ | |
| 11 | ✓ | — | |
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| 14 | ✓ | — | |
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| 16 | ✓ | — | |
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| 18 | ✓ | — | |
| 19 | ✓ | ✓ | |
| 20 | 0 | 0 | |
| 21 | 0 | — | |
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| 23 | 0 | — | |
| 24 | 0 | 0 | |
| 25 | ✓ | ✓ | |
| 26 | ✓ | ✓ | |
| 27 | ✓ | ✓ | |
| 28 | 0 | 0 | |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy